

function showed a diminished QoL, satisfaction with doctors and nurses is good, but not for other hospital and doctors office conditions.

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INVESTIGATING THE FRAMING-EFFECTS OF RISK ATTRIBUTES IN DISCRETE CHOICE EXPERIMENTS: A PILOT STUDY

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OBJECTIVES: To understand how the communication of risk in a discrete choice experiment (DCE) affects respondents' choices. **METHODS:** An online pilot DCE was designed to understand the preferences of female members of the public (recruited via an internet panel provider) for a breast screening programme described by three attributes (probability of detecting a cancer, risk of unnecessary treatment, and out-of-pocket cost) each with four levels. Two versions were used that presented the risk attributes (probability of detecting a cancer and risk of unnecessary treatment per 100 women screened) as: (A) a percentage or (B) a percentage and risk image (icon array). The DCE was blocked into four surveys, each containing 10 choice sets. The design, generated using Ngene, included an internal validity test through the inclusion of a dominant choice set. The DCE data were analysed using conditional logit models. **RESULTS:** 62 women completed the DCE (31 for each version A and B); all were currently eligible for screening under the current NHS programme. All coefficients, but no interactions, were significant and had the expected signs. Of the respondents who received the percentages only version, almost 20% failed the validity test (compared to only 3% of those who received the risk image). Probability of detecting a cancer was the most important attribute. Willingness-to-pay (WTP) for an additional cancer detected was £175 for respondents presented with the risk image, compared to only £152 in the percentages only group. Similarly, WTP to avoid an unnecessary treatment was £59 for respondents presented with the risk image compared to only £19 in the percentages only group. **CONCLUSIONS:** This pilot study highlights the impact attribute framing can have on respondents' choices in a DCE. The use of risk images also resulted in fewer "irrational" responses implying respondents had a greater understanding of the task.

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RESULTS AND IMPLICATIONS OF USING A NEW EQ-5D VALUE SET FOR COST-UTILITY ANALYSES IN SWEDEN. AN APPLICATION USING ENZALUTAMIDE (XTANDI®) VERSUS BEST SUPPORTIVE CARE FOR TREATMENT OF METASTATIC CASTRATION RESISTANT PROSTATE CANCER (MCRPC)

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OBJECTIVES: The guideline on economic evaluations from the Swedish price and reimbursement authority (TLV) states that experience-based valuation of QALY weights are preferred before a hypothetical valuation. The UK hypothetical EQ-5D valuation set [Dolan 1997] has been used so far, but since 2013 an experience-based "tariff" exists for the general population in Sweden [Burstrom 2013]. This study explores the implications on ICERs by applying the two different value sets. **METHODS:** FACT-P mapped EQ-5D responses from patients with mCRPC in the AFFIRM trial [Skaltsa 2013; Scher 2012] were converted into utility weights using both the hypothetical and experience-based value sets. A Markov cohort cost-utility model (with stable, progressed and dead health states) analyzing enzalutamide (Xtandi®) vs. best supportive care (BSC) was used for studying the implications of applying the different utility weights. **RESULTS:** As the experience-based value set had a more compressed event space, and was therefore less sensitive to QoL changes, the "on treatment" utility for Xtandi was 0.03 vs. 0.06 (hypothetical). The stable and progressed health states attained utility weights of: 0.688 and 0.603, respectively (hypothetical); 0.826 and 0.784, respectively (experienced). The survival gain with Xtandi vs. BSC in combination with the lower hypothetical health state utility weights resulted in a QALY gain of 0.66 vs. 0.75 with the experienced weights. With an incremental cost of €51,100 (£1=9SEK) the resulting ICER was €77,600 and €68,200 using the hypothetical and experience-based value sets, respectively. **CONCLUSIONS:** The Swedish experience-based EQ-5D value set generates a greater absolute utility but with a more compressed event space compared to the UK hypothetical value set. In terms of ICERs, this tends to favour technologies that extend survival compared to QoL improving technologies, although Xtandi provides both. These implications exert great challenge on Swedish decision makers on how the Swedish value set should be implemented.

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POSSIBILITIES OF BREAST CANCER PREVENTION

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OBJECTIVES: Aims to gain knowledge about the rate of breast screening among Hungarian women. In addition are they familiar with the concept of self-examination, with procedure and if so, whether it is used and how often. Also would like to develop an educational program based on results, which would target risk groups and self-examination and process would receive priority in prevention activities of breast cancer. **METHODS:** A descriptive, cross-sectional, prospective and quantitative study made with women living in and around Sávár, Hungary. Inclusion criteria was considered the group of women over 45 years. A non-random, convenience sampling was applied with 100 women, between January and June, 2013. Data collected with a questionnaire of 31 questions. Descriptive statistics with frequency range, Chi2-test was performed with Microsoft Excel 2007. **RESULTS:** There is a significant difference between the appearance of screening and the distance from medical centre ($p < 0.05$). A higher proportion of women with higher education recognized therapeutic options for breast cancer than those with lower education ($p < 0.05$). For women where breast cancer was diagnosed in family history, 80% of them regularly attend screening. The women participate in less complex programs for the prevention, because they did not

receive information about it ($p < 0.001$). 95.74% of women to arouse the attention on breast cancer prevention advertisements. **CONCLUSIONS:** Results show that higher graduates are less appear on screening contrary to lower. Rate of self-examination is higher if family history of breast cancer known. Based on results, it is important to reach women who have not yet participated in preventive performances. The reduced activity of people living in cities should be improved, used of advantages of city. Important to organize a training program, especially for the correct application of the method and breast self-examination with usage of questionnaire.

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KNOWLEDGE OF HUMAN PAPILLOMAVIRUS AMONG UNIVERSITY STUDENTS IN HUNGARY

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OBJECTIVES: The main objective of our study was to assess the knowledge of HPV among the female university students in Hungary and also learn their attitudes about the vaccine. **METHODS:** The quantitative cross-sectional questionnaire survey was carried out among female students attending the University of Pécs Faculty of Health Sciences. 180 questionnaires were distributed, of which 165 proved to be evaluable. χ^2 -test and t-tests were performed as a statistical method besides 95% probability ($p < 0.05$). The data analysis was performed with SPSS 20.0 programs. **RESULTS:** 92% of the women knew the meaning of acronym HPV. 57 % of respondent women knew the cause of infection. 79.5% of the women knew about the virus causing lip and oral cavity cancer. 37.8% of the participants in the sample said that "only women", and 62.2% of them said that "both men and women" were affected by the infection. It was known by more women who elderly ($\chi^2=5.034$, $p=0.024$) and living in marriage or in partnership ($\chi^2=7.415$, $p=0.006$). To sum up the analysis on the issues of HPV, those respondents were considered to be informed who responded well for 5 questions of 6 ones. This rate was 21.4% that is 32 participants of 149 women. 97.3% of respondent women had heard about the vaccination against HPV. 15 women of the respondents had HPV vaccination, among them there were significantly more single, divorced and widow persons. **CONCLUSIONS:** Overall the awareness of human papillomavirus of the students responding is low (21.4%). The against HPV vaccination does not happen because of the deficiencies in knowledge therefore this program is the most important task.

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PATIENTS' PREFERENCES FOR BONE METASTASES TREATMENTS IN TURKEY

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OBJECTIVES: To assess patient preference for the currently available bone-targeted agents (BTAs) used to prevent skeletal-related events (SREs; commonly defined as pathologic fracture, radiation to bone, surgery to bone and spinal cord compression) in Turkey. **METHODS:** Adult patients with a self-reported physician diagnosis of bone metastases secondary to a solid tumor were recruited in several hospitals to complete a pencil and paper discrete-choice experiment survey consisting of a series of 10 choices between pairs of hypothetical medication profiles. Each profile was defined using five attributes with several levels (based on prescribing information): time until first SRE (10,18 and 28 months); time until worsening of pain (3, 6 and 10 months); annual risk of osteonecrosis of the jaw (ONJ; 0, 1 and 5%); annual risk of renal impairment (0, 4 and 10%); and mode of administration (daily oral tablet, or subcutaneous injection, 15-minutes or 120-minute intravenous infusion every 4 weeks). Twelve versions of the 10-questions were sequentially administered across participants. A main-effects random parameters logit model was estimated. **RESULTS:** A total of 91 patients were included in the analysis and provided demographic information. Among the attributes included in the survey, annual risk of renal impairment, time until worsening of pain and delaying SREs were the three most important attributes, with better levels of outcomes preferred to worse levels. Daily oral administration was the preferred mode of administration and there was no statistically significant difference between injection and infusion of different durations. Annual risk of ONJ was judged by patients to be the least important attribute. **CONCLUSIONS:** When considering treatment choices, patients in Turkey focused mainly on the risk of renal impairment, the delay of pain worsening and delaying SREs.

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WHAT MATTERS TO PATIENTS AND THEIR CAREGIVERS: USING SOCIAL MEDIA AND PATIENT FORUMS TO OBTAIN VALUABLE INFORMATION FROM A PATIENT AND CARER PERSPECTIVE

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OBJECTIVES: The aim of this study was to assess whether social media and disease-specific patient forums can be valuable sources of information on what matters to patients and caregivers about their disease and its management. **METHODS:** We investigated the accessibility of such information in breast cancer and schizophrenia. General social media websites and forums dedicated to sufferers of the two diseases were examined. **RESULTS:** Breast cancer was more frequently mentioned in general social media websites than schizophrenia, with more charities, large organisations and fundraising events dedicated to breast cancer. Searches for breast cancer and schizophrenia on general social media sites result in hundreds of results, but these are mainly posted by advertisers or pharmaceutical companies, or contain non-patient opinions or news articles. Patients tend not to discuss their condition openly on general social media sites, whereas disease-specific forums contain daily entries on the patient experience. While searches within forums lead to fewer results, these are